1,3-BUTADIENE REFERENCE EXPOSURE LEVELS (DRAFT)

Air, Community and Environmental Research Branch Office of Environmental Health Hazard Assessment April, 2013



Overall RELs Summary

- Acute REL = 0.66 mg Butadiene/m³
 Development
- 8-Hr REL = 28 μg Butadiene/m³ Development
- Chronic REL = 7 µg Butadiene/m³ (3 ppb)
 Development



Revisions to Draft RELs TSD

- MATES III Table 1B added. Socal values 2X Bay area (e.g., Compton v. S. Jose maxima) i.e., not an order of magnitude.
- Butadiene photochemistry expanded discussion.
- Environmental Tobacco Smoke Finnish Restaurant study added (Vainiotalo et al., 2008).
- Wood burning Swedish study added (Gustafson et al., 2007).



- Butadiene in indoor air study added (Logue et al., 2011).
- South Coast Air Basin intake study added (Marshall et al. 2006), intakes about 8% of cREL.
- Comparative butadiene metabolism (Bond et al., 1996) added.
- Adducts as biomarkers (Sangaraju et al., 2012) added.



- Neurotoxicity study (Khalil et al., 2007) added.
 Interesting but inadequate for dose-response assessment.
- Acute toxicity dose-response clarification text added.
- Cardiovascular effects data/review added (Penn & Snyder, 2007; Matanoski et al., 1990).
 None of these data sets is adequate for dose-response assessment. Avian model effects.



- Mode of Action. Speculative text with a few references added at end of Toxicology section. Adduct formation on cellular proteins and DNA and oxidative stress.
- Dosimetric Adjustment Factor (DAF) clarification of value derivation.
- Appendix A. Mutagenicity/genetox rationale added, i.e. chronic disease related.



 Appendix Table A12 added. Details of BMCL₀₅ analyses for Hackett et al. (1987) and Green (2003) data sets for total male + female fetuses and males only. A difference of 30% in 95% lower bounds is well within the range of experience with this type of analysis. Green (2003) has been reviewed by our staff biostatistician and judged an acceptable analysis.

- References, 32 new added out of 65 reviewed.
- Kirman & Grant (2012) Meta-analysis paper. Review and discussion placed at end of document text. Assessment is specific to human ovarian atrophy but interesting nonetheless. Our assessment uses the most sensitive effect in animals with appropriate UFs to protect against ANY adverse effect in exposed humans. That is, site concordance is not assumed.

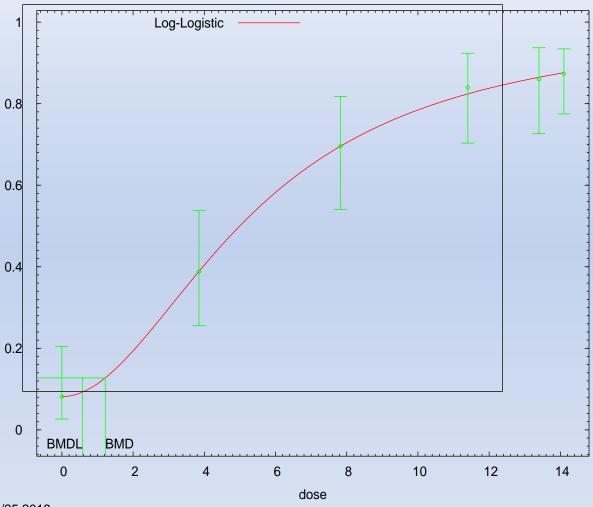
In order to compare their results with ours we used the TWA DEB internal dose estimates of Kirman & Grant (2012) and conducted a Multistage Weibull non-fatal time to effect analysis (MSW) using new U.S.EPA software to estimate the BMCLt₀₅ values for the largest and most important data set in their meta-analysis and in our cREL derivation, namely the NTP(1993) 24 months data (N= 325). Using individual animal data (dose, time, incident, censored, number) we obtained a value of $BMCLt_{05} = 0.5$ ppm BD equivalent. This value is half the 1.0 ppm value based on our time-weighted analysis of 9, 15 and 24 months quantal data and the BMCL₀₅ for a log probit model (N = 435).



- New supporting analysis for NTP (1993) 24 months data on ovarian atrophy in mice.
- PBPK model used for dose metric of DEB average venous blood concentration.
- Calculated from 24 hr simulation of AUC DEB (μM hr/d ÷ 24 hr/d = μM)
- Log logistic model of dose response gives excellent fit with this metric ($\chi 2 = 0.1$, P = 0.99)
- BMCL₀₅ = 0.51 ppm BD equivalent
- cREL = 8.5 ppb









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Summary of cREL estimates

- Time-weighted, N = 435, log probit model = 3.0 ppb (best estimate)
- Time-weighted, N = 435, log logistic model = 4.8 ppb
- MSW time-dose model, N = 325 individual animals,
 DEB metric = 1.5 ppb
- Dose only, N = 325, PBPK DEB metric, log logistic model = 8.5 ppb
- Geometric mean (N = 4) = 3.7 ppb





 While there is no chi-square goodness of fit statistic for the BMCLt₀₅, graphical comparisons of the MSW parametric and nonparametric models in doseresponse (dr), probability-time (pr), quantile-quantile (qq), and probability-probability (pp) plots indicate excellent fit of the MSW model to the 24 months ovarian atrophy data. Since the BMCLt₀₅ is similar to the BMCL₀₅ and involves fewer animals the MSW is considered a supporting analysis for the cREL.

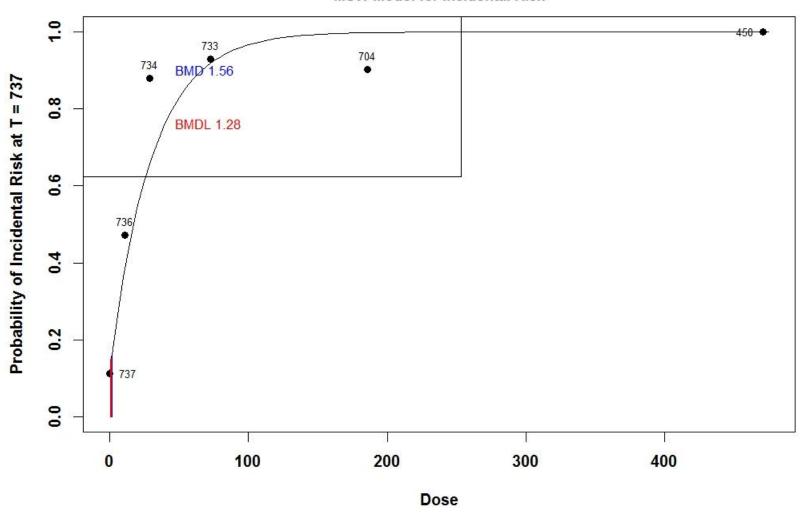


GOF (Goodness of Fit) Plots

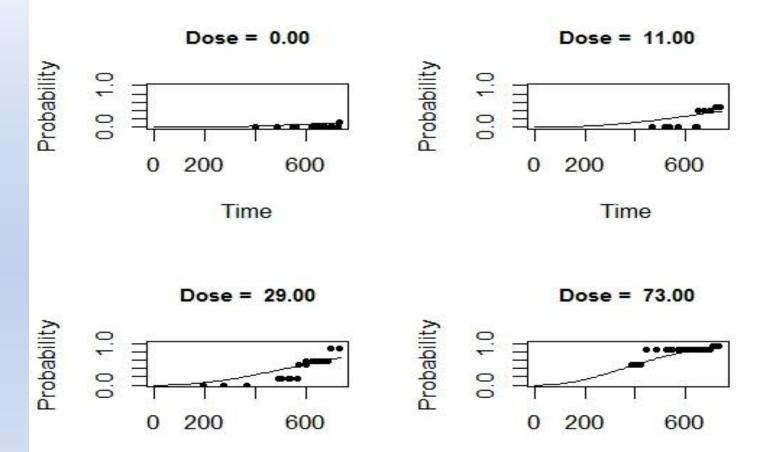
- Probability vs. Dose PD Plot (MSW line, nonparametric points)
- Probability vs. Time PR plots
- Time (MSW) vs. Time (nonparametric) QQ Plots
- Probability (MSW) vs. Probability (nonparametric) PP Plots



mswbd1-3b MSW Model for Incidental Risk



Incidental Risk: power3_grouped

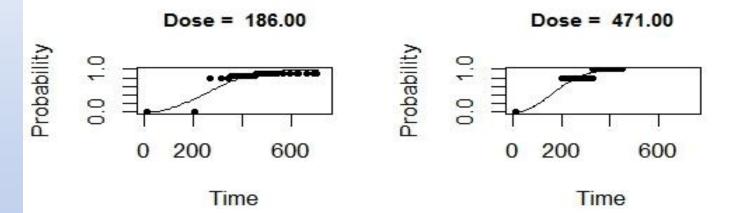


Time



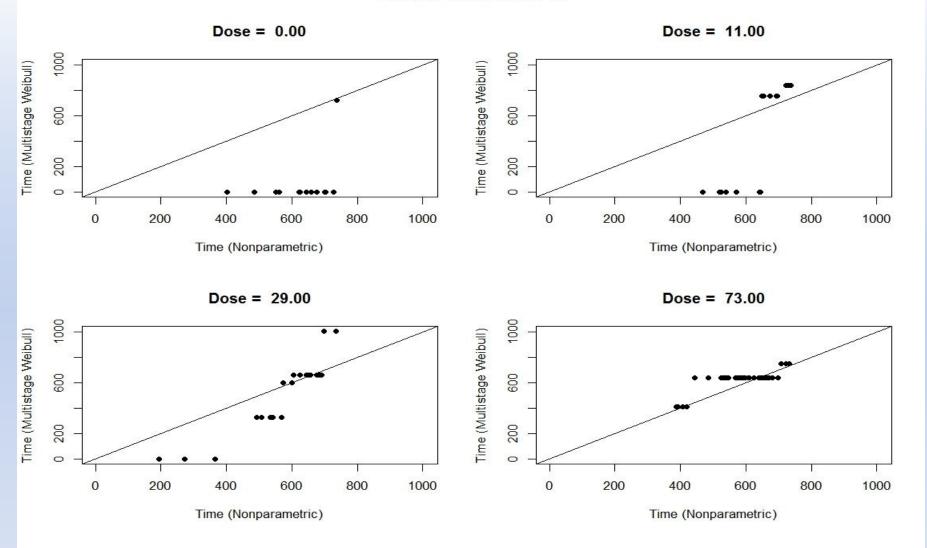
Time

Incidental Risk: power3_grouped



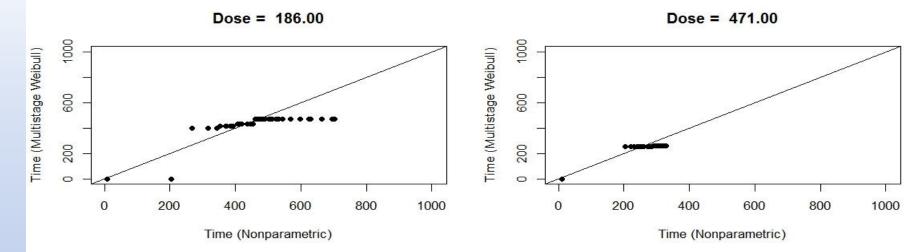


Incidental Risk: mswbd1-3b



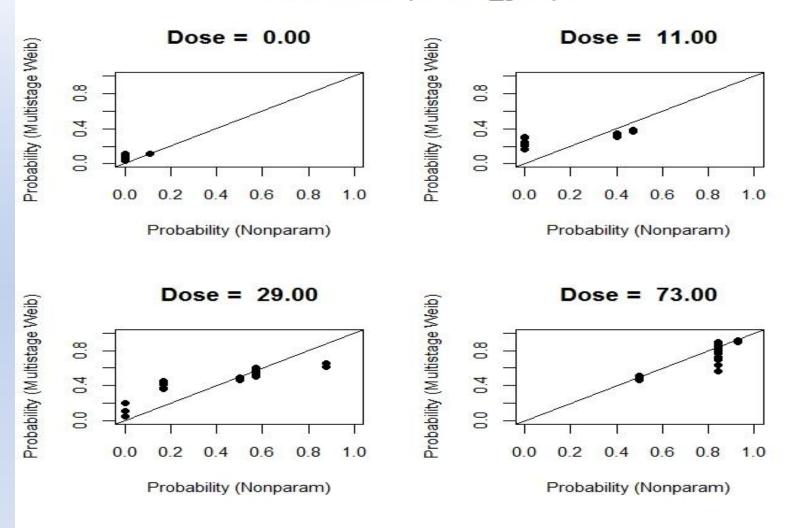


Incidental Risk: mswbd1-3b



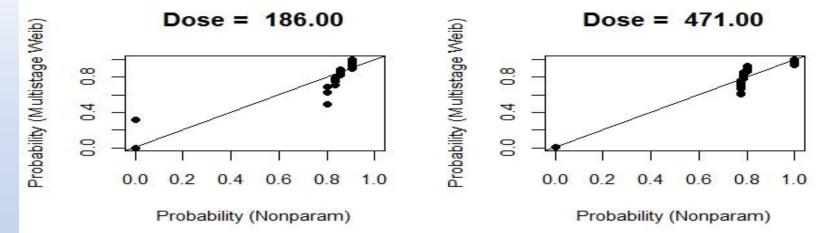


Incidental Risk: power3_grouped





Incidental Risk: power3_grouped







Authority

- The Office of Environmental Health Hazard
 Assessment (OEHHA) is required to develop
 guidelines for conducting health risk assessments
 under the Air Toxics Hot Spots Program (Health and
 Safety Code Section 44360 (b) (2)).
- Consideration of possible differential effects on the health of infants, children and other sensitive subpopulations is mandated by the Children's Environmental Health Protection Act (Senate Bill 25, Escutia, chapter 731, statutes of 1999, Health and Safety Code Sections 39669.5 et seq.).



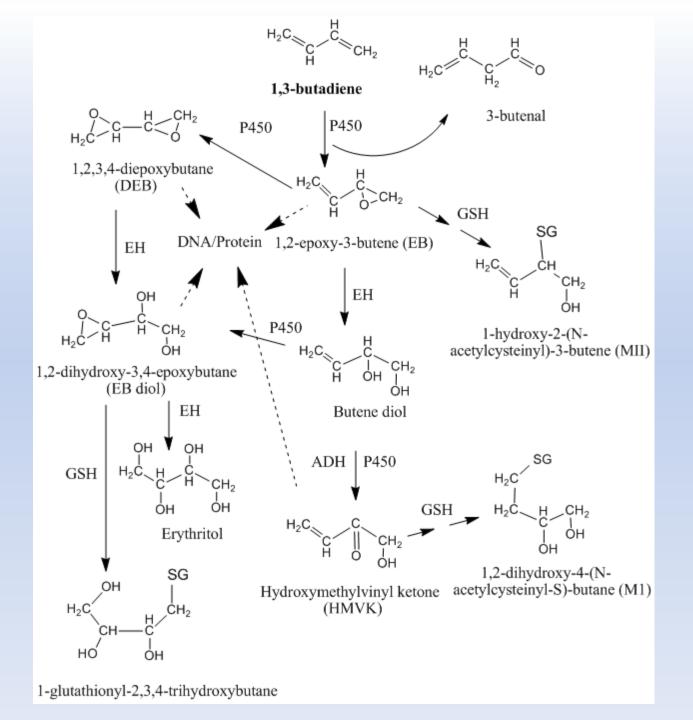
Summary

- Butadiene is a major commodity product of the petroleum industry.
- Workers acutely exposed to butadiene experienced irritation of eyes and nasal passages, throat and lungs.
- Some workers experienced coughing, fatigue, and drowsiness.
- Inhalation of butadiene is mildly narcotic at low concentrations.
- Exposure to very high concentrations can result in narcosis, respiratory paralysis and death.
- Repeated exposures can damage human sperm cells and increase ovarian atrophy in mice.

Table 1. 1,3-Butadiene Air Sampling in the San Francisco Bay Area (BAAQMD, 2008)						
Site	Average, ppb	Maximum, ppb	Number of Samples	% Less than MDL		
Benecia	0.0275	0.1	30	96.7		
Berkeley	0.0358	0.13	61	85.2		
Concord	0.0287	0.070	31	90.3		
Crockett	0.025	NA	31	100		
Fremont	0.039	0.12	31	67.7		
Livermore	0.031	0.090	31	90.3		
Martinez	0.028	0.070	30	93.3		
Napa	0.043	0.17	31	74.2		
Oakland	0.0352	0.090	31	87.1		
Redwood City	0.0453	0.15	31	80.6		
Richmond	0.0261	0.060	31	96.8		
San Francisco	0.0276	0.080	31	96.8		
San Jose	0.0687	0.26	31	58.1		
San Pablo	0.0261	0.060	31	96.8		
San Rafael	0.0250	NA	31	100		
Santa Rosa	0.0416	0.170	31	83.9		
Sunnyvale	0.0259	0.050	28	100		
Vallejo	0.0365	0.160	31	83.9		

Note MDL = Minimum Detection Limit (0.05 ppb)







Acute Toxicity in Animals

 Developmental toxicity in mice (Hackett et al. , 1987; original report). 78 pregnant female mice exposed to 0, 40, 200, or 1000 ppm butadiene for 6hr/d on gestation days(gd) 6-15. Significant dose-dependent reduction of fetal body weight at all doses in males (P<0.05). LOAEL = 40 ppm. BMCL₀₅ = 13.4 ppm, HEC = 22.5 ppm, UF = 100, aREL = 225 ppb (0.5 mg/m3).

Acute Toxicity in Animals (Cont.)

 Developmental toxicity in mice (Hackett et al., 1987; reanalyzed by Green, 2003). Significant dose-dependent reduction of fetal body weight at 200 and 1000 ppm. NOAEL = 40 ppm, LOAEL = 200 ppm. BMCL₀₅ = 17.7 ppm, HEC = 29.7 ppm, UF = 100, aREL = 297 ppb (0.66) mg/m3).

Acute REL

- Study: Hackett et al. (1987). Developmental toxicity
- Exposure: 0, 40, 200, 1000 ppm butadiene 6hr/d gd 6-15
- NOAEL = 40 ppm
- BMDL₀₅ = 17.7 ppm
- HEC = 29.7 ppm (17.7 x 1.68 DAF)
- Interspecies TK UF = 1
- Interspecies TD UF = √10 (default)
- Intraspecies TK UF = 10
- Intraspecies TD UF = √10 (default)
- Cumulative UF = 100
- aREL = 29.7/100 = 297 ppb (0.66 mg/m3)



Table 2. Body Weight and Fetal and Placental Measures after 1,3-Butadiene Exposure (Hackett et al. 1987)

	1,3 Butadiene Concentration (ppm)					
Observation	0	40	200	1000		
Number examined						
Mothers	18	19	21	20		
Litters	18	19	21	20		
Fetuses	211	237	259	244		
Maternal weight gain (g) ^a	13.3 ± 0.6 ^b	12.7 ± 0.4 ^{b,c}	11.4 ± 0.5 ^{c,d}	10.6 ± 0.4 ^d		
(11-16 gd)						
Pup body weight (g) ^a						
Females	1.30 ± 0.02^{b}	1.25 ± 0.01 ^b	1.10 ± 0.02^{c}	1.02 ± 0.03^{d}		
Males	1.38 ± 0.03^{b}	1.31 ± 0.02^{c}	1.13 ± 0.02^d	1.06 ± 0.02e		
Sex ratio (% male)	51.6 ± 3.91	49.8 ± 3.06	51.5 ± 3.68	51.8 ± 3.29		
Placental weight (mg) ^a						
Females	83.1 ± 3.03 ^b	80.9 ± 2.46 ^b	74.7 ± 3.52 ^{b,c}	70.1 ± 2.33 ^c		
Males	89.3 ± 3.05 ^b	89.5 ± 2.27 ^b	80.1 ± 2.35°	74.5 ± 1.81 ^c		

^aMean \pm standard error; ^{b-e} Values that do not share a common superscript letter are significantly different (p \leq 0.05) from one another.



Table 2. Body Weight and Fetal and Placental Measures after 1,3-Butadiene Exposure (Re-analysis of Green, 2003)

	1,3 Butadiene Concentration (ppm)					
Observation	0	40	200	1000		
Number examined						
Mothers	18	19	21	20		
Litters	18	19	21	20		
Fetuses	211	237	259	244		
Maternal weight gain (g) ^a	13.3 ± 0.6	12.7 ± 0.4	11.4 ± 0.5	10.6 ± 0.4		
(11-16 gd)						
Pup body weight (g) ^a						
Females	1.309 ± 0.028	1.253 ± 0.012	1.100 ± 0.022*	1.015 ± 0.026*		
Males	1.382 ± 0.033	1.307 ± 0.016	1.132 ± 0.016*	1.060 ± 0.024*		
Sex ratio (% male)	51.55 ± 3.866	48.66 ± 2.947	51.44 ± 3.667	51.80 ± 3.310		
Placental weight (mg) ^a						
Females	83.15 ± 3.023	80.89 ± 2.474	74.33 ± 3.540	70.84 ± 2.284*		
Males	89.58 ± 2.995	89.71 ± 2.263	80.27 ± 2.324	74.64 ± 1.785*		

^aMean ± standard error; * values are significantly different (p ≤ 0.05) from control.



Table 5. Benchmark Dose Analysis of Male Mouse Fetal Weight Data of Hackett et al. (1987) and Green (2003).

Dose	N, male	Model	PMC	DMCI	BMCL ₀₅ ppm BD	Human ppm equivalent		
Metric	fetuses	Model	BMC ₀₅	BMCL ₀₅	equivalent	1.68 DAF		
Applied BD ppm 6 hr/d								
0	109	Hill	28.5**	13.4 **	13.4**	22.5		
40	118	Polynomial	448.8	41.1	41.1	69.0		
200	133	Power	261.0	225.0	225.0	378		
1000	126	Hill	37.2**	17.7**	17.7**	29.7		
		(Green)						
PBPK AUC M	aternal BMO	μMhr/d						
0	109	Hill	134.0**	70.1**	66.5**	27.7		
166.4	118	Polynomial	100.0	69.2	14.9	25.0		
371.9	133	Power	106.0	90.7	19.8	33.3		
493.8	126							
PBPK AUC Fetal BMO μMhr/d ^a								
0	109	Hill	10.9**	5.1**	13.4**	22.5		
15.2	118							
74.3	133							
356.7	126							

^{**} indicates exact model fit by graph and tabular output, P values were not applicable for exact fits of the Hill model to the continuous data sets or given as P <0.0001 for the other models despite obvious high degrees of fit visually and by tabular output of observed and predicted values:



^a based on average fetal BMO AUC during gestation days 9-18.

8-Hour REL

- Study: NTP (1993) supported by Doerr et al. (1996).
- Study Population: Female B6C3F1 mice
- Exposure: Inhalation of 1,3-butadiene at 0, 6.25, 20, 62.5, 200, or 625 ppm, 6hr/d, 5d/week for various periods up to 103 weeks.
- Effect: Dose-dependent increases in ovarian atrophy
- BMDL₀₅ = 1.01 ppm
- Time adjustment = $758 \text{ ppb} (1.01 \times 6/8 \text{ hr/d})$
- Human Equivalent Concentration = 1.27 ppm (0.758 x 1.68 DAF)
- Interspecies UF = √10
- Intraspecies UF = 30 (10 PD x √10 PK)
- Cumulative UF = 100
- 8-Hr REL = 1.27/100 = 12.7 ppb (28 μ g/m3)



Table 3.Ovarian Atrophy in Female Mice in 2-Year Inhalation Study of 1, 3-Butadiene (NTP, 1993).

Exposure Period	Model	X ²	Р	BMC ₀₅	BMCL ₀₅	BMCL ₀₅	Comments
renou				ppm	ppm	continuous, ppm	
9 months	Multistage	2.47	0.78*	35.0	19.25	3.44	Full data set, N = 58
15 months	Log probit	10.74	0.030	11.2	3.66	0.654	Full data set, N = 52
	Log probit	10.64	0.014	11.1	3.45	0.616	Without top dose, N = 50
24 months	Log probit	6.47	0.091	0.056	0.0034	0.00054	Full data set, N = 325
	Log probit	2.80	0.42*	0.254	0.031	0.0055	Without top dose, N = 246
9-24 mo time adjusted **	Log probit	1.7	0.64*	2.04	1.01	0.18	Full data, N = 435
9-24 mo time adjusted**	Log logistic	1.13	0.89*	2.03	1.58	0.28	Full data, N = 435



Doerr et al. (1996)Supporting Study

- Butadiene monoxide (BMO,0.005-1.43 mmol/kg bw_d i.p. x
 30d, n = 10 female mice/dose)
- Butadiene diepoxide (DEB, 0.002-0.29 mmol/kg bw_d i.p. x 30 d , n = 10 female mice /dose)
- Decrease in ovarian weight w/ BMO & DEB (0.0425-0.02;
 0.0375-0.015)
- Decrease in uterine weight w/ BMO & DEB (0.27-0.10;0.34-0.03)
- Internal dosimetry by PBPK model: AUC BMO in blood, AUC DEB in blood, Hb adducts w/i.p. simulated doses
- Best fit metric for ovarian atrophy: AUC DEB μM hr/d from BMO i.p.; Polynomial model (P = 0.92), BMDL₀₅ = 20.5 μM hr/d, BMDL₀₅ 6 hr mouse BD equivalent = 1.8 ppm

Chronic REL

- Study: NTP 1993 supported by Doerr et al. (1996)
- Study Population: Female B6C3F1 mice
- Exposure: 6hr/d, 5 d/wk, 9-24 months, increased ovarian atrophy
- BMCL₀₅ = 1.01 ppm
- Time adjustment = 180 ppb (1.01 x 6/24 hr x 5/7 d)
- HEC = 302 ppb (180 x 1.68 DAF)
- Interspecies UF = $\sqrt{10}$
- Intraspecies UF = $10 \times \sqrt{10}$
- Cumulative UF = 100
- cREL = $302 \text{ ppb}/100 = 3.0 \text{ ppb} (6.7 \mu\text{g/m}3)$



Comments Received

- Comment 1: Hackett et al. (1987) used inadequate statistics to identify a 40ppm LOAEL for male fetal weight. The Green (2003) re-analysis shows 40 ppm is a NOAEL.
- Response 1. OEHHA agrees that the Green (2003) re-analysis of the Hackett data shows that 40 ppm is a NOAEL. However our aREL derivation is not based on a NOAEL approach but rather a benchmark dose method that uses the entire dose response to derive an alternative to the NOAEL namely the BMCL05. In our draft this value was 13.4 ppm and with the Green re-analyzed data the BMCL05 is 17.7 ppm, about 30% higher. This would increase the proposed aREL to 297 ppb from 225 ppb.

- Comment 2:The draft states that most environmental releases of butadiene are associated with fugitive or accidental emission during manufacture, use, transport, storage, or disposal. The U.S. Environmental Protection Agency reports 1.6% of environmental emissions of butadiene are from industrial production and use, 78.8% from mobile sources, and 19.9% from other miscellaneous combustion sources (EPA, 2002).
- Response 2:The text refers to "point sources" the primary focus of the hot spots program. The sentence will be revised to clearly distinguish contributions of point and non-point or mobile sources of butadiene emissions.

- Comment 3: The Draft states: Misclassification of VOC exposures may have occurred for some chemicals such as formaldehyde with important indoor sources but data from other studies support the view that motor vehicle emissions strongly influence the exposures to other VOCs such as benzene, ethyl benzene, toluene, xylenes and probably butadiene (bolded for emphasis)." There is nothing in the text that warrants the inclusion of butadiene in this sentence and thus the reference to butadiene should be removed.
- Response 3. OEHHA believes the sentence in question is a reasonable extension to related volatile compounds included in the study. In their discussion (p.652) the authors clearly state "Although CIs were wider, ORs were positive for symptom scores >1 in relation to lag 1 concentrations of the same VOCs as well as 1,3-butadiene" (bolded for emphasis).



- Comment 4:OEHHA selected ovarian atrophy in mice as the key non-cancer health effect for butadiene to derive the 8-hr and chronic REL. While the Owen et al., 1987 publication indicated only that gonads were examined, the original study report shows ovarian atrophy was observed in 2 of 46 control rats and 1 of 24 rats in the 8000 ppm exposure group (Table 24, Page B55 of the report). Thus, it appears that ovarian atrophy is an effect specific to the mouse and likely a consequence of the mouse's high rate of butadiene metabolism compared to other species. Given available knowledge of interspecies differences in metabolism, the selected endpoint is of questionable human relevance.
- Response 4: The ovarian atrophy in female mice in the NTP study was the most sensitive non-neoplastic effect noted among several organ weight effects (lung, liver, and kidney) and uterine, testicular and nasal olfactory epithelial atrophies. It's difficult to extrapolate toxic effects between rodent species much less between rodents and humans. OEHHA does not accept the notion that studies in mice are not relevant to human risk assessment or that rats are necessarily "more human" than mice.

- Comment 5:The REL for chronic exposure to butadiene includes an intraspecies uncertainty factor of 30, which included an uncertainty factor of 10 for toxicokinetics however OEHHA provides minimal justification for the selection of this value. The document should be updated to include greater justification for the selection of this uncertainty factor based on the available database.
- Response 5:The use of a UF of 10 for intraspecies uncertainty in toxicokinetics is based on OEHHA's guidance developed in response to the California Children's Environmental Health Act of 1999 (OEHHA, 2001). Unless we have adequate information on all segments of the exposed population we must acknowledge that uncertainty and apply a larger UF_{TK}. As noted in the draft, the human metabolism of butadiene is based on studies in relatively few (deceased) adults (e.g., Duescher and Elfarra, 1994) and in our view is insufficient to encompass the possible range of metabolism and toxicokinetics, particularly in young children.

- Comment 6:Significant evidence is provided that this diepoxide metabolite is produced in the mouse in far greater quantities than any other species, including and especially humans, with limited conclusive evidence that humans can produce this metabolite at all. This information should inform OEHHA regarding the magnitude of specific interspecies uncertainty factor related to interspecies differences pertaining to ovarian atrophy and argues strongly that this value should be **less** than 1.
- Response 6: We have reduced our usual uncertainty subfactor for toxicokinetics from V10 to 1 based on the published evidence of greater metabolism of butadiene to epoxide metabolites in the mouse compared to results with other species. Human data on this point are relatively limited and at this time OEHHA does not favor the use of fractional UFs. As noted above the ovarian atrophy endpoint was the most sensitive observed in the experimental animals. Our assessment does not assume that this is the exact effect that will occur in exposed humans. Butadiene exposure caused many other toxic effects that may be more relevant to humans. This is part of the uncertainty.